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NO. 810 P. 1/13

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Atty Docket No. 006969-022311US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Jon M. Bass

Group Art Unit 3639

## OFFICIAL COMMUNICATION

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### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of J.P. Leon et al., Application No. 09/902,479, filed July 9, 2001 for METHOD AND SYSTEM FOR A USER OBTAINING STAMPS OVER A COMMUNICATION NETWORK are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

#### Documents Attached

1. Request for Continued Examination Transmittal (1 pg.)
2. Transmittal Form (1 pg.)
3. Petition for Extension of Time (1 pg. in duplicate)
4. Amendment (8 pgs.)

Number of pages being transmitted, including this page: 13

Dated: October 6, 2006

Alicia Martell  
Alicia Martell

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FORM

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Total Number of Pages in This Submission

12

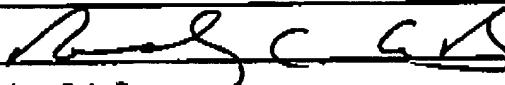
Application Number  
09/902,479Filing Date  
July 9, 2001First Named Inventor  
Brown, Jr., L. CarltonArt Unit  
3639Examiner Name  
Jon M. BassAttorney Docket Number  
006969-022311US

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|--|----|------------------------|-----------------|
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | 006969-022311US |
|--|----|------------------------|-----------------|

## ENCLOSURES (Check all that apply)

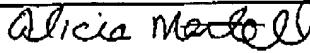
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|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
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| <input checked="" type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Terminal Disclaimer                              | <input type="checkbox"/> Request for Continued Examination Transmittal                  |
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| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application                                 | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                               |   |   |
| <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP  |          |        |
| Signature    |  |          |        |
| Printed name | Rodney C. LeRoy   |          |        |
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| Date                  | October 6, 2006   |